

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Dismissal from Medical Practice

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you, effective [Number, typically 30] days from the date of this letter. After this date, we will no longer be able to provide you with medical care.

This decision has been made due to the discovery of falsified information within your patient records. Providing accurate and truthful information is essential for the delivery of safe and effective medical care. The falsification of medical history, identification, or documentation constitutes a breach of the trust necessary for a functional provider-patient relationship.

During this transition period, we will be available to provide emergency care only until [Date of termination]. We urge you to secure a new healthcare provider as soon as possible to ensure your care is not interrupted.

Upon receipt of your written authorization, we will transfer a copy of your medical records to your new physician. You may contact our office at [Phone Number] to request the necessary release forms.

Respectfully,

[Physician Name/Administrator Name]

[Practice Name]